Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Open Health	
Name of Agent Designated to Rec Notification of Claimed Infringen	
Full Address of Designated Agent or similar designation is not acceptable exceptocation): 11782 Rose Beach Line, Morpeth ON	t to which Notification Should be Sent (a P.O. Box of where it is the only address that can be used in the geographic I, NOP 1X0, Canada
Telephone Number of Designated	Agent: (519) 674-0323
Facsimile Number of Designated	Agent: (519) 674-1203
Email Address of Designated Age	nt: peter@openhealthtools.org
Signature of Offices or Representat	ive of the Designating Service Provider: _ Date: July 23, 2007
Typed or Printed Name and Title: _	Peter Tanner, Interim Secretary

SCANNED 08 10-2007

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R P.O. Box 70400 Washington, DC 20024





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